



Acknowledgment of Paternity

This legal document establishes paternity under Oklahoma law. **Do not sign** unless you understand your rights and responsibilities as explained on the back of this form. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations allowed.

Name of hospital or entity completing form	Facility code number
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Child's information as it now appears on birth certificate

I. Child's name					Sex, check one		Social Security number	
First	Middle	Last			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of birth	Place of birth	City	County	State	Tribal affiliation, if any		Last name of child should now be	
II. Mother's name					Date of birth		Social Security number	
First	Middle	Last			Maiden name			
Current address			City		State		Zip code	
							Telephone number ()	
American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No			Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No			What tribe(s)?		
Was mother married at time of conception or birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, husband's name			If yes, husband/former husband must complete Form 03PA210E, Denial of Paternity, and attach it to this Form 03PA209E.		
III. Father's name					Date of birth		Social Security number	
First	Middle	Last			Suffix			

Have you taken a genetic test to determine paternity of this child? **Check one.** ☐ Yes ☐ No
If yes, did the test result show that you are the father of this child? **Check one.** ☐ Yes ☐ No
If the genetic test showed you are not the biological father, STOP, DO NOT SIGN THIS ACKNOWLEDGMENT!

Current address			City	State	Zip code	Telephone number ()	
Place of birth	City	County	State	American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	What tribe(s)?	

IV. Employment information

Father's employer	Address
Mother's employer	Address

V. Private insurance information

Father's carrier	Policy number	Mother's carrier	Policy number
For this birth, insurance coverage began		Insured's relationship to child	Policy type

VI. By signing below, I declare under penalty of perjury that I have read and understand this Acknowledgment of Paternity. I declare the information in this Acknowledgment is true and:

1. I have been given written and oral notice of my legal rights and responsibilities.

2. The child whose paternity is being acknowledged does not have a presumed father, or has a presumed father whose full name is stated above, and does not have another acknowledged or adjudicated father.

3. The father named in this acknowledgment is the natural father of this child.

4. I understand this acknowledgment is the equivalent of a judicial adjudication of paternity and that a challenge to the acknowledgment is permitted only under limited circumstances and is barred after two years.

5. By signing this Acknowledgment of Paternity, I give up my right to establish paternity by genetic testing at a later time.

X	X
Mother's signature	Father's signature
Date signed	Date signed
X	X
Witness's signature	Witness's signature
Printed name	Printed name
Address of witness	Address of witness

Parents cannot witness each other's signatures. Witnesses cannot be related to mother or father.

You have the right to withdraw your acknowledgment within 60 days after the effective date of the acknowledgment, or if you are under age 18 when you sign, you have 60 days after turning age 18. You must file a signed Form 03PA211E, Rescission of Acknowledgment of Paternity, with the Oklahoma State Department of Health (OSDH), Division of Vital Records. To obtain Form 03PA211E, call 405-522-2273 in the Oklahoma City calling area, 918-295-3500 in the Tulsa calling area, 1-800-522-2922 toll free, or contact your closest child support office or OSDH Division of Vital Records.

Distribution of copies: white to OSDH Division of Vital Records, yellow to OKDHS Child Support Enforcement Division, pink to Mother, gold to Father.